



Parent Opt-Out Form: Sharing of Image and Directory Information

Please sign and return this opt-out form to your child's teacher if you DO NOT wish to allow your student's image and/or information to be shared. Please return this form to your child's teacher.

At various times during the school year, school representatives, Guilford County Schools (GCS), partners/vendors of GCS and a variety of media outlets request permission to film, video tape and photograph our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student work products. If you **DO NOT** consent and grant permission for your child's likeness or work products to be used/featured by your school, GCS/its partners or electronic or social media, please sign in the appropriate space below.

Photo/Image Opt-out: I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by my school, GCS/its partners and the media (this will include the school yearbook and social media).

Child's Name	Parent's Signature	Date
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Yearbook-Only Consent: I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by my school, GCS/its partners and the media **EXCEPT** for publication in the school yearbook.

Child's Name	Parent's Signature	Date
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Directory Information/Information to Military Recruiters

Directory information includes the student's name, place and date of birth, major course of study, participation in sports and other official school activities, height and weight if an athletic team member, date of graduation, dates of attendance (date of enrollment through date of withdrawal or graduation), degrees and awards.

Directory Information Opt-out:

I do **NOT** consent to allow the district to release directory information on my child.

Child's Name	Parent's Signature	Date
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Military Recruitment Opt-out:

I do **NOT** consent to allow the district to release information on my child to military recruiters.

Child's Name	Parent's Signature	Date
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